

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 868086	RECEIPT DATE:	06 / 14 / 01
IA NUMBER:	PCT/ DE99 / 03851	IA FILING DATE:	12 / 01 / 99
FAMILY NAME:	PREHOFER	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	CHRISTIAN	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	12 / 15 / 98
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ATTORNEY DOCKET NUMBER:	112740-157	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: WILLIAM E VAUGHAN  
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 STATE/COUNTRY: IL ZIP: 60690

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APPLICATION TITLES:

METHOD FOR PROVIDING A STABLE QUALITY GRADE FOR DATA SERVICES WITHIN A  
 PACKET SWITCHING NETWORK

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 5724

<b>SERIAL NUMBER</b> 09/868,086	<b>FILING DATE</b> 06/14/2001 <b>RULE</b>	<b>CLASS</b> <del>709</del> 370	<b>GROUP ART UNIT</b> <del>2151</del> 2664	<b>ATTORNEY DOCKET NO.</b> 112740-157	
<b>APPLICANTS</b> Christian Prehofer, Munchen, GERMANY;					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/DE99/03851 12/01/1999					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 198 57 822.9 12/15/1998					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 1	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> William E Vaughan Bell Boyd & Lloyd PO Box 1135 Chicago, IL 60690-1135 <div style="text-align: right; font-size: 1.5em;">#29177</div>					
<b>TITLE</b> Method for providing a stable quality of data services within a packet-switching network					
<b>FILING FEE RECEIVED</b> 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		